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DIKMINOTAW	, IVII 40002			Debra Mulli	ins		(Depositor's name)
				/Matthew I	Korzi	iarz/	(Signature)
				December 9	9, 2011		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR ATTORNEY DOCKET NO			NEY DOCKET NO.	CONFIRMATION NO.
10/787,429 02/26/2004			Joseph D. Rippolone 67067-012			67067-012	4762
TITLE OF INVENTION	: FORCED AIR HEATI	ED GUTTER SYSTEM					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	12/21/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
GILBERT, WILLIAM V		3635	052-110000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached.  "Fee Address' indication (or "Fee Address" indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys registered tomery or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DAT.	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NC	data will appear on the p T a substitute for filing an	atent. If an assign assignment.			ocument has been filed fo
(A) NAME OF ASSI	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Waterfall, Inc.			Detroit, Michiga	ın			
Please check the appropr	iate assignee category o	r categories (will not be p	rinted on the patent) : 현	Individual 🗆 Co	orporation	n or other private gre	oup entity Governmen
4a. The following fec(s)    Signature   Signature	to small entity discount	th. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 5(p.148) (enclose an extra copy of this form).					
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interest as snown by the	records or the Onited St	Aco a atom and frademan	w Olliett				
Authorized Signature		w L. Koziarz /		Date	09 I	December 2011	
	Matthe	w I. Koziarz					

Typed or printed name Registration No. 53,154

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